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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

Portercare Adventist Health System

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

2525 South Downing St

Room/suite

City or town, state or country, and ZIP + 4

Denver, CO 80210

D Employer identification number

84-0438224

E Telephone number

(303) 765-6861

G Gross receipts \$ 734,083,309

F Name and address of principal officer

Gary Campbell
188 INVERNESS DR W Suite 500
Englewood, CO 80112

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c) (3) ☐ (Insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

N/A

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1968

M State of legal domicile

CO

Part I

Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities Our company, a faith based organization, invests in charity care, community programs and sponsorships designed to nurture the health of the people of Colorado with a goal to keep them healthy		
	2	Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	3
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5	Total number of employees (Part V, line 2a)	5	4,505
	6	Total number of volunteers (estimate if necessary)	6	1,137
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	2,855,808
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	-576,381
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	1,499,735	1,079,843
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	686,916,377	714,851,396
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,887,245	10,381,798
	12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,696,140	6,797,748
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	701,999,497	733,110,785
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,461,881	1,135,228
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	254,258,895	271,165,471
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	395,019,459	390,591,115
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	650,740,235	662,891,814
	19	Revenue less expenses Subtract line 18 from line 12	51,259,262	70,218,971
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	1,087,447,744	1,144,889,489
	21	Total liabilities (Part X, line 26)	492,553,213	486,262,334
	22	Net assets or fund balances Subtract line 21 from line 20	594,894,531	658,627,155

Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Signature of officer

2011-05-16

Date

RANDY SAFADY EVP-CFO

Type or print name and title

Preparer's signature

MARK STOCKI

Date

Check if self-employed ☐

Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

CATHOLIC HEALTH INITIATIVES
198 INVERNESS DRIVE WEST
ENGLEWOOD, CO 80112

EIN

Phone no (720) 874-1500

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2009)

1 Briefly describe the organization's mission

We extend the healing ministry of Christ by caring for those who are ill and by nurturing the health of the people in our communities

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a	(Code) (Expenses \$ 562,156,345 including grants of \$ 1,135,228) (Revenue \$ 714,830,334)
	See Schedule H

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)










4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e	Total program service expenses	\$ 562,156,345
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Part IV

Checklist of Required Schedules

		Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20	Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27	Yes	
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	0	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	4,505	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			3a	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	No
b If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year			7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a	3	
b	Enter the number of voting members that are independent	1b	0	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed ▶	
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ Kyle Engman 188 Inverness Drive West 500 Englewood, CO 80112 (303) 804-8108	

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

Form **990** (2009)

1b	Total	9,739,440	8,622,511	1,387,293
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **241**

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	Yes

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Critical Care Pulmonary and Sleep A 274 Union Blvd Suite Lakewood, CO 80228	Physician	1,360,126
Triage Consulting Group 221 Main St Suite 1100 San Francisco, CA 94105	Collections	759,914
Neurosurgical and Spine Specialists 9399 Crown Crest Blvd Suite 240 Parker, CO 80138	Physician	536,980
Gyrus ACMI LP 6655 Wedgwood Rd Maple Grove, MN 55311	Medical Supplies	523,746
South Central Properties VI 2525 S Downing St Denver, CO 80210	Rent	499,656

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **85**

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	1,068,843				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	11,000				
	g	Noncash contributions included in lines 1a-1f \$ 455,960						
	h	Total. Add lines 1a-1f		1,079,843				
Program Service Revenue			Business Code					
	2a	Patient Services	900,099	711,275,447	711,275,447			
	b	Equity changes of unconsolidated orgs	900,099	1,437,691	1,755,514	-317,823		
	c	Rental Income	900,099	1,762,990	1,762,990			
	d	Research Revenue	900,099	338,885		338,885		
	e	Education	611,710	36,383	36,383			
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		714,851,396				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		9,481,131			9,481,131	
	4	Income from investment of tax-exempt bond proceeds . .		0				
	5	Royalties		0				
	6a	Gross Rents	(i) Real	(ii) Personal				
			127,972					
		b	Less rental expenses	119,161				
		c	Rental income or (loss)	8,811				
	d	Net rental income or (loss)		8,811			8,811	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			417,780	1,336,250				
		b	Less cost or other basis and sales expenses		853,363			
		c	Gain or (loss)	417,780	482,887			
	d	Net gain or (loss)		900,667			900,667	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
			a					
		b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events . .		0				
	9a	Gross income from gaming activities See Part IV, line 19						
			a					
		b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities . .		0				
	10a	Gross sales of inventory, less returns and allowances						
		a						
b		Less cost of goods sold	b					
c	Net income or (loss) from sales of inventory . .		0					
Miscellaneous Revenue		Business Code						
11a	Pharmacy Services	446,110	2,675,273		2,487,750	187,523		
b	Cafeteria	722,100	2,533,566			2,533,566		
c	Gift Shop	453,220	496,780			496,780		
d	All other revenue		1,083,318		346,996	736,322		
e	Total. Add lines 11a-11d		6,788,937					
12	Total revenue. See Instructions		733,110,785	714,830,334	2,855,808	14,344,800		

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,093,179	1,093,179		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	42,049	42,049		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0	0		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	221,046,809	176,837,447	44,209,362	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	11,626,631	9,301,305	2,325,326	
9	Other employee benefits	23,538,827	18,831,062	4,707,765	
10	Payroll taxes	14,953,204	11,962,563	2,990,641	
11	Fees for services (non-employees)				
a	Management	35,135,120	28,104,870	7,030,250	
b	Legal	21,782		21,782	
c	Accounting	168,440		168,440	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	49,203,063	44,171,033	5,032,030	
12	Advertising and promotion	2,627,850	2,102,280	525,570	
13	Office expenses	130,531,123	127,121,398	3,409,725	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	12,278,879	9,820,997	2,457,882	
17	Travel	1,079,858	863,886	215,972	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	112,806	90,245	22,561	
20	Interest	20,340,255	20,340,255		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	41,467,049	33,163,223	8,303,826	
23	Insurance	4,024,515	3,218,946	805,569	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	Dues & subscriptions	943,208	754,566	188,642	
b	Repairs and maintenance	10,155,286	8,120,726	2,034,560	
c	Purchased Servcies	44,440,814	35,552,522	8,888,292	
d	Bad debts	35,590,469	28,472,375	7,118,094	
e	Income/sales/property taxes	866,186	689,315	176,871	
f	All other expenses	1,604,412	1,502,103	102,309	
25	Total functional expenses. Add lines 1 through 24f	662,891,814	562,156,345	100,735,469	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			806,080	1	982,036
	2	Savings and temporary cash investments			84,486,356	2	53,374,931
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			86,932,264	4	86,331,560
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net			1,691,407	7	4,310,807
	8	Inventories for sale or use			14,187,543	8	14,508,898
	9	Prepaid expenses and deferred charges			1,349,390	9	1,695,685
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	684,305,602			
	b	Less accumulated depreciation	10b	240,063,976	438,698,037	10c	444,241,626
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11			39,613,014	12	40,104,141
	13	Investments—program-related See Part IV, line 11			297,674,109	13	381,895,244
	14	Intangible assets			91,738,591	14	88,111,520
	15	Other assets See Part IV, line 11			30,270,953	15	29,333,041
16	Total assets. Add lines 1 through 15 (must equal line 34)			1,087,447,744	16	1,144,889,489	
Liabilities	17	Accounts payable and accrued expenses			49,708,796	17	56,842,743
	18	Grants payable				18	
	19	Deferred revenue			21,717	19	26,007
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			442,822,700	25	429,393,584
	26	Total liabilities. Add lines 17 through 25			492,553,213	26	486,262,334
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			593,800,796	27	657,533,420
	28	Temporarily restricted net assets			1,093,735	28	1,093,735
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			594,894,531	33	658,627,155
	34	Total liabilities and net assets/fund balances			1,087,447,744	34	1,144,889,489

Part XI **Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . .		No
b Were the organization's financial statements audited by an independent accountant? 	Yes	
c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . .	Yes	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .		

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization Portercare Adventist Health System	Employer identification number 84-0438224
--	--

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
Portercare Adventist Health System

Employer identification number
84-0438224

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Preservation of an historically importantly land area</div> <div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure</div> <div><input type="checkbox"/> Preservation of open space</div>											
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____											
4	Number of states where property subject to conservation easement is located ▶ _____											
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____											
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____											
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements											

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
	(ii) Assets included in Form 990, Part X	▶ \$ _____
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a	Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b	Assets included in Form 990, Part X	▶ \$ _____

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

(ii)

related organizations

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	1,448,797	59,245,292		60,694,089
b Buildings	506,461	413,674,387	139,761,793	274,419,055
c Leasehold improvements		760,724	366,271	394,453
d Equipment	44,257	148,309,163	93,644,064	54,709,355
e Other		60,316,522	6,291,848	54,024,674
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				444,241,626

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1733,110,785
2	Total expenses (Form 990, Part IX, column (A), line 25)	2662,891,814
3	Excess or (deficit) for the year Subtract line 2 from line 1	370,218,971
4	Net unrealized gains (losses) on investments	4-733,074
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8-5,753,274
9	Total adjustments (net) Add lines 4 - 8	9-6,486,348
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	1063,732,623

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e	
3	Subtract line 2e from line 13	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e	
3	Subtract line 2e from line 13	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
REPORTING OF LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48	Schedule D, Part X	Portercare Adventist Health System's financial information is included in the consolidated audited financial statements of ADVENTIST HEALTH SYSTEM (AHS), a related organization. AHS's FIN 48 FOOTNOTE FOR THE YEAR ENDED DECEMBER 31, 2009 IS AS FOLLOWS: "The Income Taxes Topic of the ASC (ASC 740) prescribes the accounting for uncertainty in income tax positions recognized in financial statements. ASC 740 prescribes a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return."
OTHER ADJUSTMENTS	Schedule D, Part XI, Line 8	Transfers from affiliates \$(5,438,565). Other changes in net assets \$(314,709) ----- \$(5,753,274).

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Portercare Adventist Health System

Employer identification number
84-0438224

Part I

Charity Care and Certain Other Community Benefits at Cost

		Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a Yes	
b	If "Yes," is it a written policy?	1b Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <div><input checked="" type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Generally tailored to individual hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div>		
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients		
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care <div><input checked="" type="checkbox"/> 100%<input type="checkbox"/> 150%<input type="checkbox"/> 200%<input type="checkbox"/> Other _____</div>	3a Yes	
b	Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care <div><input type="checkbox"/> 200%<input type="checkbox"/> 250%<input type="checkbox"/> 300%<input type="checkbox"/> 350%<input checked="" type="checkbox"/> 400%<input type="checkbox"/> Other _____</div>	3b Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care		
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4 Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a	Does the organization prepare an annual community benefit report?	6a Yes	
6b	If "Yes," does the organization make it available to the public?	6b Yes	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost						
Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			25,039,335		25,039,335	3 990 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			15,097,091		15,097,091	2 410 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			1,510		1,510	
d Total Charity Care and Means-Tested Government Programs			40,137,936		40,137,936	6 400 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,592,523	31,792	1,560,731	0 250 %
f Health professions education (from Worksheet 5)			3,052,635		3,052,635	0 490 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			730,297		730,297	0 120 %
j Total Other Benefits			5,375,455	31,792	5,343,663	0 860 %
k Total. Add lines 7d and 7j			45,513,391	31,792	45,481,599	7 260 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing					
2	Economic development					
3	Community support					
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy					
8	Workforce development					
9	Other					
10	Total					

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes
2	Enter the amount of the organization's bad debt expense (at cost)	2	8,666,442
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	0
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	134,338,694
6	Enter Medicare allowable costs of care relating to payments on line 5	6	190,123,297
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-55,784,603
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	Yes

Part IVManagement Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

[illegible]

Part VI

Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

See additional data

2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves

See additional data

3 Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

See additional data

4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves Please refer to the Needs Assessment Narrative, Part VI, Item 2 above

5 Community building activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves
Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves Please refer to the Needs Assessment Narrative, Part VI, Item 2 above

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

See additional data

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Additional Data

Software ID:

Software Version:

EIN: 84-0438224

Name: Portercare Adventist Health System

Form 990 Schedule H, Part V - Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Avista Adventist Hospital 100 Health Park Drive Louisville, CO 80027	X	X					X		
Littleton Adventist Hospital 7700 S Broadway Littleton, CO 80122	X	X					X	X	Children's ER
Parker Adventist Hospital 9395 Crown Point Blvd Parker, CO 80138	X	X					X		
Porter Adventist Hospital 2525 S Downing St Denver, CO 80210	X	X				X	X		
Porter Hospice at the Johnson Center 5020 E Arapahoe Road Littleton, CO 80122									Inpatient Facility Hospice Care
Porter Residential Hospice 2379 S High Street Denver, CO 80210									Residential Facility Hospice Care Closed For Business
Porter Hospice - Homebound 1391 Speer Blvd 600 Denver, CO 80204									Admin Office Home Hospice Coordination
Dimension Pain Management 80 Health Park Drive Suite 50 Louisville, CO 80027									Emp Physician Group
Gunbarrel Family Medicine 5365 Spine Road Suite C Boulder, CO 80301									Emp Physician Group
Boulder Holistic Medicine 805 S Broadway Suite 103 Boulder, CO 80305									Emp Physician Group
Avista Brain and Spine Institute 90 Health Park Drive Suite 320 Louisville, CO 80027									Emp Physician Group
South Denver Neurosurgery 7780 S Broadway Littleton, CO 80122									Emp Physician Group
Center for Orthopedics 7720 S Broadway Littleton, CO 80122									Emp Physician Group
Comprehensive Women's Care 8671 S Quebec St Highlands Ranch, CO 80130									Emp Physician Group
Chatfield Family Medicine 7720 S Broadway Littleton, CO 80122									Emp Physician Group
Chatfield Women's Care 7720 S Bradway Littleton, CO 80122									Emp Physician Grp
Center Endocrinology and Diabetes 7780 S Broadway Littleton, CO 80122									Emp Physician Group
Mile High Oncology 7750 S Bradway Littleton, CO 80122									Emp Physician Group
Willow Crest Health 10371 Park Glenn Way Ste 230 Parker, CO 80138									Emp Physician Group
Cypress Hemotology and Oncology 2525 S Downing St Denver, CO 80210									Emp Physician Group
Colorado Regional Head and Neck 2525 S Downing St Denver, CO 80210									Emp Physician Group
Aracea Women's Center 300 S Jackson St Denver, CO 80209									Emp Physician Group
Creekside Family Medicine 300 S Jackson St Denver, CO 80209									Emp Physician Group
Porter Pre-Admission Testing Clinic 2525 S Downing St Denver, CO 80210									Emp Physician Group
South Suburban Internal Medicine 7750 S Bradway Littleton, CO 80122									Emp Physician Group
Southlands Family Medicine 6240 So Main St Ste 255 Aurora, CO 80016									Emp Physician Group
Colorado ENT Specialists 9397 Crown Crest Blvd Ste 431 Parker, CO 80138									Emp Physician Group
Bariatric and Metabolic Center 9399 Crown Crest Blvd Ste 110 Parker, CO 80138									Emp Physician Group
Timberview Clinic at Parker 9399 Crown Crest Blvd Ste 200 Parker, CO 80138									Emp Physician Group
Access Family Medicine 19284 Cottonwood Drive Suite 201 Parker, CO 80138									Emp Physician Group
CYPRESS ONCOLOGY pkr 9399 Crown Crest Blvd Suite 215 Parker, CO 80138									Emp Physician Group
Primary Care (Metros) 950 E Harvard Ave Suite 530 Denver, CO 80210									Emp Physician Group
Primary Care (Harvard Park) 950 E Harvard Ave Suite 660 Denver, CO 80210									Emp Physician Group
Comprehensive Breast Care 2555 S Downing St Suite 130 Denver, CO 80210									Emp Physician Group
EP Clinic 2525 S Downing St Cardiac Cath La Denver, CO 80210									Emp Physician Group
Colorado Joint Replacement 2535 S Downing St Suites 100 19 Denver, CO 80210									Emp Physician Group

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

If applicable, describe the income-based criteria for determining eligibility for free or discounted care under the organization's charity care policy. Also describe whether the organization uses the asset test or other threshold regardless of income to determine eligibility for free or discounted care. Portercare Adventist Health System has an established charity care policy based on the Federal Poverty Level. Charity is provided to patients based on a sliding scale that considers the patient's family size and income level. The charity provided ranges from 100% of the patient's bill for individuals whose household income is at 100% or less of the Federal Poverty Level, to a 60% deduction for individuals whose income is at 400% of the Federal poverty level. In addition, Portercare Adventist Health System takes into account specific facts and circumstances in granting charity in situations such as a catastrophic illness where the patient does not have liquid assets.

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

If the organization's community benefit report is contained in a report prepared by a related organization, rather than a separate report prepared by the organization, identify the related organization. PorterCare Adventist Health System is operated by Centura Health Corporation (CHC). CHC prepares its own written community benefit report which includes the activities of PorterCare Adventist Health System and other entities managed by CHC. The annual report is published on Centura's website and available to anyone interested.

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Provide an explanation of the costing methodology used to calculate the amounts reported in the table. If a cost accounting system was used, indicate whether the cost accounting system addresses all patient segments (for example, inpatient, outpatient, emergency room, private insurance, Medicaid, Medicare, uninsured or self pay). Also indicate whether a cost-to-charge ratio was used for any of the figures reported in the table. Describe whether this cost-to-charge ratio was derived from Worksheet 2, and, if not, what kind of cost-to-charge ratio was used and how it was derived. If some other costing methodology was used besides a cost accounting system, cost-to-charge ratio, or a combination of the two, describe the method used. PorterCare Adventist Health System does not use a cost accounting system to determine the cost of charity care provided. The estimated cost of care is calculated by applying the ratio of each facility's total expenses to total gross revenue, applied to the applicable gross revenues (e.g., Medicare, Medicaid). Worksheet 2 was not used to develop the cost-to-charge ratio.

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

If applicable, state the bad debt expense included on Form 990 Part IX, line 25, column (A) but subtracted for purposes of calculating the percentage in this column. PorterCare Adventist Health System recorded \$36 million in bad debt expense for the fiscal year. The bad debt expense recorded, while included in functional expenses, was excluded from the calculation of community benefit expense.

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Provide the rationale and the costing methodology used to determine the amount reported in Part III lines 2 and 3. Describe how the organization accounts for discounts and payments on patient accounts in determining bad debt expense. Also describe the method the organization uses to determine the amount that reasonably could be attributable to patients who likely would qualify for financial assistance under the hospital's charity care policy, if sufficient information has been available to make a determination as to their eligibility. Also, provide if applicable, the text of the footnote to the organization's financial statements that describes bad debt expense. If the organization's financial statements include a footnote on these issues that also includes other information, report only the relevant portions of the footnote. If the organization's financial statements do not contain such a footnote, state that the organization's financial statements do not include such a footnote and explain how the financial statements account for bad debt, if at all. PorterCare Adventist Health System uses the overall cost to gross charge ratio applicable to each facility to determine the costs in Part III lines 2 and 3. PorterCare Adventist Health System automatically discounts all self-pay patient accounts by 30% and also offers a prompt pay discount. This allowance is not included in the calculation of the cost of bad debts in instances where a patient does not pay his or her bill. PorterCare Adventist Health System provides information to patients at the time of registration with respect to its financial assistance policies. However, in some instances patients do not complete the necessary forms to apply for financial assistance. As a result, PorterCare Adventist Health System uses an outside vendor to assist in determining a patient's eligibility for financial assistance. This includes a review of the patient's financial situation based on the vendor's database of external information. In instances where the review indicates that the patient qualifies for financial assistance, PorterCare Adventist Health System adjusts the patient's bill to match its charity policy and does not pursue collection from the patient for the portion of the patient's obligation that qualifies for charity. PorterCare Adventist Health System does not issue separate audited financial statements so there is no footnote describing its bad debt expense. Bad debt expense is reported on PorterCare Adventist Health System's internal financial statements as an expense. The amount reported is based on the amount deemed to not be collectible by patients who have the ability to pay.

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Describe the costing methodology used to determine the Medicare allowable costs reported in the organization's Medicare Cost Report, as reflected in the amount reported in Part III, line 6 Describe, if applicable, the extent to which any shortfall reported in Part III, line 7 should be treated as a community benefit, and the rationale for the organization's position Medicare allowable costs were calculated using a cost-to-charge ratio Rationale for Including a Medicare Shortfall as Community Benefit As a 501(c)(3) organization, the filing organization provides emergency and non-elective care to all regardless of ability to pay All hospital services are provided in a non-discriminatory manner to patients who are covered beneficiaries under the Medicare program As a public insurance program, Medicare provides a pre-established reimbursement rate/amount to health care providers for the services they provide to patients In some cases, the reimbursement amount provided to a hospital may exceed its costs of providing a particular service or services to a patient In other cases, the Medicare reimbursement amount may result in the hospital experiencing a shortfall of reimbursement received over costs incurred In those cases where an overall shortfall is generated for providing services to all Medicare patients, the shortfall amount should be considered as a benefit to the community Tax-exempt hospitals are required to accept all Medicare patients regardless of the profitability, or lack thereof, with respect to the services they provide to Medicare patients The population of individuals covered under the Medicare program is sufficiently large so that the provision of services to the population is a benefit to the community and relieves the burdens of government In those situations where the provision of services to the total Medicare patient population of a tax-exempt hospital during any year results in a shortfall of reimbursement received over the cost of providing care, the tax-exempt hospital has provided a benefit to a class of persons broad enough to be considered a benefit to the community Despite a financial shortfall, a tax-exempt hospital must and will continue to accept and care for Medicare patients Typically, tax-exempt hospitals provide health care services based upon an assessment of the health care needs of their community as opposed to their taxable counterparts where profitability often drives decisions about patient care services that are offered Patient care provided by tax-exempt hospitals that results in Medicare shortfalls should be considered as providing a benefit to the community and relieving the burdens of government

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

If the organization has a written debt collection policy and answered "yes" to Part III, line 9b, describe the collection practices set forth in the policy that apply to patients who it knows qualify for charity care or financial assistance, whether or not such practices apply specifically to such patients or more broadly to also cover other types of patients. PorterCare Adventist Health System's debt collection policy provides the performance of a reasonable review of each patient's account prior to turning an account over to a third-party collection agent and prior to instituting any legal action for non-payment. The review of patient accounts is done to assure that the patient or their guarantor is not eligible for assistance through PorterCare Adventist Health System's charity care policy, uninsured discount policy or another financial assistance program (i.e. Medicaid). PorterCare Adventist Health System requires the following of its third-party collection agencies: * Neither PorterCare Adventist Health System hospitals or their collection agencies will request bench or arrest warrants as a result of non-payment, * Neither PorterCare Adventist Health System hospitals or their collection agencies will seek liens that would require the sale or foreclosure of a primary residence, and * No PorterCare Adventist Health System collection agency may seek court action without hospital approval.

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

List the number of each type of facility, other than those required to be licensed, registered or similarly recognized as a health care facility under state law (for example, 2 rehabilitation clinics, 4 diagnostic centers, 3 skilled nursing facilities, etc) Approximately 25 physician practices 1 hospice facility

Form 990 Schedule H, Part VI - Supplemental Information, Line 2
Form 990 Schedule H, Part VI - Supplemental Information, Line 2

Describe how the organization assesses the health care needs of the communities it serves. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves. Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

Porter Adventist Health System Across Colorado, more than 4,000 associates of the Porter Adventist Health System (PAHS) are changing lives inside and outside the hospitals, senior living communities, clinics and homes in which they work. Through the many community programs and the charity care they provide for people throughout Colorado, PAHS health associates receive great satisfaction from fulfilling a mission of extending the healing ministry of Christ. The Community Benefit Report is a collective list of various activities through which PAHS supports its neighbors throughout the state. Community benefits are offered in the form of outreach and education, support groups, activities and clinics, as well as charity care. As a nonprofit, faith-based organization, PAHS continually invests in fulfilling its mission. In the most recent fiscal year PAHS invested the following in its communities:

Community Benefit Annual Report FY 2010 Summary Introduction Porter Adventist Health System (PAHS) hospitals, a faith-based, nonprofit health care entity, since their earliest days, have placed an emphasis on whole person care and on illness prevention. PAHS has preserved an unwavering commitment to their values and an understanding of the vital role that ministering to spiritual needs can play in health care. Committed to the mission of continuing the healing ministry of Christ, PAHS builds upon its unique history, heritage and traditions to create a faith-based entity designed to advance the mission of their individual organizations. Today, PAHS operates 4 hospitals: Avista Adventist Hospital, Littleton Adventist Hospital, Parker Adventist Hospital and Porter Adventist Hospital. In keeping with our mission, PAHS provides care for all regardless of ability to pay. In fiscal year 2010, PAHS gave \$45.5 million to underprivileged individuals and the broader community in charity care, community education and outreach, and unpaid costs of Medicaid. Quality healthcare is delivered to persons in these service areas - Denver, Boulder, Littleton, Parker and surrounding communities in the State of Colorado.

Community Outreach for Persons who are Poor Project Cure Collection of Medical Supplies and Equipment is palletized and shrink wrapped for donation. Social Assistance Prescriptions. This program provides medications at the time of discharge for low-income patients. PAHS provides cab Vouchers for Low Income Patients. Community Outreach for the Broader Community. Community Contributions. PAHS Hospitals are proud to contribute to the local charities and organizations that help to meet their mission and care for the people or their community.

New Life Education Classes. PAHS provides numerous child birthing preparation, sibling preparation, and exercise classes. Safety Safari. Provides safety information to children in the community. Community Education. Provides education regarding disease processes, safety and promoting health in the community. Family Education. Women's Services offers a variety of classes for the community, including CPR, Lactation and others. Vim and Vigor Magazine. Free community health and wellness magazine. Published quarterly. Diabetes Awareness Classes. In these classes, Diabetics and their families learn to manage diabetes through nutrition, exercise, foot care, medications and the ins and outs of monitoring blood sugar. Body of Knowledge - Community Talks. A series of public lectures that cover various topics from cardiology and heart health to orthopedic surgery to new treatments for Parkinson's Disease. Educational Programs for Clinical Professionals. The Porter Hospital Transplant Program conducts numerous programs and seminars designed to educate the greater community on the latest advancements in transplant medicine. Ask-a-Nurse Calls. Free health information and physician referrals service for our community. Nurses also assess health conditions from neck pain to a fever, and give free professional advice on what action to take next. This program provides information and registration for hospital classes and events. Student Precepting. Supervising healthcare related students from various local and regional colleges and vocational schools. Curious George Hospital Tours. This program is geared to children aged 4-10. Based on the story "Curious George goes to the Hospital" and

Form 990 Schedule H, Part VI - Supplemental Information, Line 2

involves taking tours of all the departments that George visited. The tour compliments the hospital's focus on creating a healing environment. Children see a hospital as a less scary, helpful place.

Form 990 Schedule H, Part VI - Supplemental Information, Line 3

Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy. Information concerning financial assistance is included on Centura's website. The website not only lists phone numbers for patients to call to discuss financial assistance, but also includes Centura's policy for charity care and its policies related to uninsured patients. In addition, at the time of registration, uninsured patients are screened to determine if the patients qualify for any Federal, State or County programs. Uninsured patients are also sent a letter requesting that the patient call to determine eligibility for various assistance programs, including charity

Form 990 Schedule H, Part VI - Supplemental Information, Line 7

If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served. PorterCare Adventist Health System is operated as part of Centura Health Corporation ("Centura"). Centura and its affiliated organizations are dedicated to extending the healing ministry of Christ by caring for those who are ill and by nurturing the health of the people in our communities. Specifically, Centura has launched a system-wide strategic plan to improve the quality, consistency, availability, and affordability of health care to communities throughout Colorado. The three main components of this strategy are (1) to continue investing in technology advancements that improve the quality, costs, and coordination of care including the establishment of electronic health records linking our physicians, clinics, hospitals, long-term facilities and home care services, (2) providing wellness care, thereby potentially reducing health care costs by helping patients to maintain good health, growing the level of support and outreach provided to rural communities, and increasing access, affordability and quality of health care, and (3) coordinate and develop systems of care, looking to each facility and entity in Centura to share best practices and improve overall efficiency and communication system-wide from birth to home care.

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Portercare Adventist Health System

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2009

Open to Public
Inspection

Employer identification number
84-0438224

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations

14

3

Enter total number of other organizations

4

Software ID:
Software Version:
EIN: 84-0438224
Name: PorterCare Adventist Health System

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Doctors Care191 E Orchard Rd Ste 102NE Littleton, CO 80121	84-1150815	501(c)(3)	20,000				2010 DONATION
Denver Botanic Gardens909 York Street Denver, CO 80206	84-0440359	501(c)(3)	10,000				
The Community Foundation1123 Spruce St Boulder, CO 80302	84-1171836	501(c)(3)	15,000				Sponsorships
Colorado Wellness Connection4960 E Mineral Circle Centennial, CO 80122	84-1504515	501(c)(3)	7,998				
Campion Academy300 SW 42nd Street Loveland, CO 80537	84-0459259	501(c)(3)	22,500				
Littleton Firefighters FND3465 Witford Dr Highland Ranch, CO 80126	84-1502497	501(c)(3)	8,000				
Town of Parker20120 E Main Street Parker, CO 80138	74-2212090		17,500				
Clinica Campesina (Family Health Services)1345 Plaza Court North Suite 1A Lafayette, CO 80026	84-0743432	501(c)(3)	165,504				
University of Denver2201 S Gaylord St Denver, CO 80208	84-0404231	501(c)(3)	39,185				
Vista Ridge Academy3100 Ridgeview Dr Erie, CO 80516	84-0468738	501(c)(3)	15,000				

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACS Community Lift5045 W 1st Ave Denver,CO 80219	84-0527826	501(c)(3)	60,000				
LAURA GUESEPO Box 10322 DENVER,CO 80250	52-2636082		14,000				MISSION ART
Glacier View Ranch8748 Overland Rd Ward,CO 80481	84-0968738	501(c)(3)	45,360				
Mile High Academy711 E Yale Ave Denver,CO 80210	84-0525223	501(c)(3)	31,115				
Walla Walla College204 S College Ave College Place,WA 99324	91-0617727	501(c)(3)	15,000				
Rocky Mountain Adventist Healthcare Foundation7995 E Prentice Ave Suite 204 Greenwood Village,CO 80111	84-0745018	501(c)(3)	458,846				program support
VICTORIA'S FINE ART5120 Morningside Way PARKER,CO 80138	30-2528106		8,500				MISSION ART
Lifesource Adventist Fellowship6200 W Hampden Ave denver,CO 80227	99-9999999		7,000				lifetree funding

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
Portercare Adventist Health System

Employer identification number
84-0438224

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
1b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:		
4a	Receive a severance payment or change-of-control payment?	Yes	
4b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
4c	Participate in, or receive payment from, an equity-based compensation arrangement?		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
5a	The organization?		No
5b	Any related organization?		No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
6a	The organization?		No
6b	Any related organization?		No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

[illegible]

Part IIISupplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
BENEFITS PROVIDED TO EXECUTIVES	990 SCH J, PART I, Q 1A	SENIOR VPS AND HOSPITAL CEOs ARE PAID THROUGH CENTURA HEALTH CORP AND ARE ELIGIBLE FOR THE FOLLOWING BENEFITS: TRAVEL FOR COMPANIONS, HEALTH OR SOCIAL CLUB DUES, AND REIMBURSEMENT UP TO \$10,000 FOR PERSONAL SERVICES SUCH AS TAX, FINANCIAL, AND ESTATE PLANNING SERVICES, ALONG WITH TAX GROSS-UP PAYMENTS FOR ANY REIMBURSEMENTS INCLUDED IN TAXABLE COMPENSATION. ALL BENEFITS ARE PROVIDED PURSUANT TO A WRITTEN POLICY GOVERNING PAYMENT AND REIMBURSEMENT; SUBSTANTIATION IS REQUIRED FOR ALL EXPENSES SUBMITTED FOR REIMBURSEMENT, AND REIMBURSEMENTS ARE INCLUDED IN TAXABLE COMPENSATION WHERE APPROPRIATE.
METHODS USED TO ESTABLISH CEO COMPENSATION	990 SCH J, PART I, Q 3	PAHS's CEO is paid by Centura Health Corporation (Centura). OUTSIDE CONSULTANTS ARE ENGAGED TO PROVIDE RECOMMENDATIONS TO CENTURA'S COMPENSATION COMMITTEE REGARDING THE COMPENSATION OF FACILITY CEOs. THE CONSULTANT'S RECOMMENDATIONS ARE THEN PRESENTED TO AND APPROVED BY THE COMPENSATION COMMITTEE.
POST-TERMINATION PAYMENTS	990 SCH J, PART I, Q 4A	CENTURA HAS A DEFINED SEVERANCE POLICY. SEVERANCE PAYMENTS ARE DETERMINED BASED ON A COMBINATION OF THE INDIVIDUAL'S POSITION WITHIN THE ORGANIZATION AND YEARS OF SERVICE. SEVERANCE AGREEMENTS INCLUDE LIMITATIONS WITH RESPECT TO WORKING FOR COMPETING FACILITIES AND OTHER REQUIREMENTS THAT CAN CAUSE FORFEITURE OF THE SEVERANCE BENEFIT. IN ADDITION, THE AGREEMENTS RELEASE CENTURA FROM LITIGATION AND FUTURE CLAIMS AGAINST THE ORGANIZATION. THE FOLLOWING RECEIVED SEVERANCE PAYMENTS DURING THE CALENDAR YEAR 2009: MICHAEL BLAIR - \$63,400.
NON-QUALIFIED RETIREMENT PLAN	990 SCH J, PART I, Q 4B	CENTURA OFFERS A NON-QUALIFIED RETIREMENT PLAN IN WHICH SENIOR EXECUTIVES (SENIOR VPS AND ABOVE) ARE PROVIDED A 10% OF SALARY ALLOWANCE TO PURCHASE INSURANCE PRODUCTS OR CONTRIBUTED INTO THE DEFERRED COMPENSATION PLAN. IN ADDITION, A PENSION RESTORATION BENEFIT IS PROVIDED WHICH CREDITS PARTICIPANTS WITH A BENEFIT WHICH IS CALCULATED BASED ON THE EXCESS OF THE PARTICIPANT'S COMPENSATION OVER THE MAXIMUM ALLOWED FOR PENSION CONTRIBUTIONS. AMOUNTS DEFERRED ARE NOT REPORTED AS TAXABLE INCOME UNTIL/UNLESS A TRIGGERING EVENT OCCURS. THIS DEFERRED COMPENSATION PLAN HAS A SUBSTANTIAL RISK OF FORFEITURE PROVISION AND AN ELECTED VESTING SCHEDULE. THE FOLLOWING RECEIVED CONTRIBUTIONS TO A NON-QUALIFIED PLAN for the calendar year 2009: KENNETH BACON \$16,600, JAMES BOYLE \$33,076, TERRY FORDE \$8,754, JOHN SACKETT \$14,065, MICHAEL GOEBEL \$3,597. In addition, three of the board members are compensated by Adventist Health System Sunbelt Healthcare Corp and in recognition of the contribution that each executive makes to the success of AHS, AHS provides to eligible executives participation in the AHS Executive FLEX Benefit Program (the Plan). The purpose of the Plan is to offer eligible executives an opportunity to elect from among a variety of supplemental benefits, including deferred compensation benefits taxable under Internal Revenue Code (IRC) Section 457(f), to individually tailor a benefits program appropriate to each executive's needs. The Plan provides eligible participants a pre-determined benefits allowance credit that is equal to a percentage of the executive's base pay from which is deducted the cost of mandatory and elective employee benefits. The pre-determined benefits allowance credit percentage is approved by the AHS Board Strategy & Compensation Committee, an independent committee of the Board of Directors of AHSSHC. Any funds that remain after the cost of mandatory and elective benefits are subtracted from the pre-determined benefits annual amount are contributed, at the employee's option, to either an IRC 457(f) deferred compensation account or to an IRC 457(b) eligible deferred compensation plan. The Plan documents define an employee who is eligible to participate in the Plan to generally include the Chief Executive Officers of AHS entities and Vice Presidents of all AHS entities whose base salary is at least \$189,000. In 2009, the Plan provided for a five-year vesting period with respect to amounts accumulated in the executive's 457(f) deferred compensation account with eligibility for distribution of such amounts upon the vesting date. Distributions could also be made from the executive's 457(f) deferred compensation account upon an involuntary separation or upon a voluntary separation after satisfaction of a two-year non-compete period. In addition to the Plan, AHS has instituted a defined benefit, non-tax-qualified deferred compensation plan for certain executives who have provided lengthy service to AHS and/or to other Seventh-Day Adventist Church hospital or health care institutions. Participation in the plan is offered to AHS executives with 25 years of service as an employee of AHS and/or another hospital or health care institution controlled by the Seventh-Day Adventist Church and who satisfy certain other qualifying criteria. This supplemental executive retirement plan (SERP) was designed to provide eligible executives with the economic equivalent of an annual income beginning at normal retirement age equal to 60% of the average of the participant's three highest years of base salary from AHS active employment inclusive of income from all other Seventh-Day Adventist Church healthcare employer-financed retirement income sources and investment income earned on those contributions through social security normal retirement age as defined in the plan. 457(f) Employer Contributions for 2009 were: Robert Henderschedt \$104,188, Richard Reiner \$160,407, Terry Shaw \$153,591. 457(f) Payments for 2009 were: Robert Henderschedt \$205,618, Richard Reiner \$531,429, Terry Shaw \$406,754. SERP Payments for 2009 were: Robert Henderschedt \$1,298,809, Richard Reiner \$3,291,559.
NON-FIXED PAYMENTS	990 SCH J, PART I, Q 7	PARTICIPANTS IN CENTURA'S INCENTIVE COMPENSATION PLANS INCLUDE DIRECTORS AND ABOVE. PAYOUTS ARE BASED ON METRICS ESTABLISHED AND APPROVED BY CENTURA'S COMPENSATION COMMITTEE. THE METRICS INCLUDE QUANTIFIABLE MEASURES PERTAINING TO FINANCIAL PERFORMANCE, SAFETY AND QUALITY AND ASSOCIATE SATISFACTION WITH EACH METRIC WEIGHTED IN DETERMINING THE OVERALL SCORE. THE INCENTIVE COMPENSATION PAYOUT IS CALCULATED BASED ON THE CUMULATIVE SCORE FOR ALL METRICS AND THE PAYOUT IS BASED ON A COMBINATION OF THE SCORE, THE INDIVIDUAL'S BASE COMPENSATION AMOUNT AND POSITION (E.G. DIRECTOR, VICE PRESIDENT).
REPORTABLE INDIVIDUALS COMPENSATED BY UNRELATED ORGANIZATIONS	990 SCH J, PART II	All key employees and hospital CEO's are compensated by Centura Health Corporation, who manages the daily activities of Portercare Adventist Hospitals under a Joint Operating Agreement dated December 8, 1995 between the Adventist Healthcare System and Catholic Health Initiatives. As such, their salaries are paid to them by Centura, an unrelated org, for services rendered in their capacity as key employees or officers of PAHS. All of their reportable compensation is disclosed on Form 990, Schedule J, Part II, Row (i) and 990, Part VII, Column (D) as reporting org compensation. In addition, the CEO and CFO of PAHS were appointed as such by the PAHS board of directors while they are officers of these entities, a very small portion of their time is directly related to the operations of PAHS. They are compensated by Centura, which is charged with managing the facilities. Their respective compensation is not reported on the filing org's 990 but in fact is reported in full on Part VII and Schedule J of Centura Health Corporation's Form 990.

Software ID:
Software Version:
EIN: 84-0438224
Name: PorterCare Adventist Health System

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
John Sackett	(i) (ii)	280,778	89,321	313,107	32,577	56,453	772,236	
Karsten Randolph	(i) (ii)	226,475	54,600	425		46,044	327,544	
Kenneth Bacon	(i) (ii)	317,473	91,424	136,209	64,259	62,780	672,145	
Steven Chen	(i) (ii)	249,383	54,936	478		42,458	347,255	
Terry Forde	(i) (ii)	296,785	88,292	87,892	35,508	49,388	557,865	
Michael Goebel	(i) (ii)	245,630	58,932	1,158	3,597	39,276	348,593	
Michael Blair	(i) (ii)	171,697	45,427	64,215	891	30,068	312,298	
James Boyle	(i) (ii)	244,213	61,458	412,362	29,144	75,984	823,161	
Cheryl Curry	(i) (ii)	183,365	48,626	19,948		35,675	287,614	
Andrew Gaasch	(i) (ii)	168,696	44,673	273		34,144	247,786	
David Smith	(i) (ii)	183,982	45,966	519		20,349	250,816	
Todd Folkenberg	(i) (ii)	36,823	8,873	66		6,031	51,793	
John Prall	(i) (ii)	1,084,372	528,349	1,590		28,636	1,642,947	
David VanSickle	(i) (ii)	704,983	250,225	627		35,844	991,679	
David Schrier	(i) (ii)	767,051	10,879	1,688		36,367	815,985	
Bernard Guiot	(i) (ii)	769,232		1,314		33,352	803,898	
Thomas Kenney	(i) (ii)	582,686	70,602	806		25,640	679,734	
Robert Henderschedt	(i) (ii)	551,507	160,258	1,577,850	101,031	23,227	2,413,873	205,618
Terry Shaw	(i) (ii)	772,700	227,185	464,151	166,934	41,245	1,672,215	406,754
Richard Reiner	(i) (ii)	774,656	197,553	3,896,651	157,250	53,278	5,079,388	531,429
Randy Haffner	(i) (ii)	426,691	115,260	88,605		19,863	650,419	

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons
▶ **Complete if the organization answered**
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38a or 40b.
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization Portercare Adventist Health System	Employer identification number 84-0438224
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Part I **Excess Benefit Transactions** (section 501(c)(3) and section 501 (c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II **Loans to and/or From Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$ _____										

Part III **Grants or Assistance Benefitting Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance
STEPHANIE SMITH	daughter of key employee	3,000

Part IV **Business Transactions Involving Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
TAMMY SMITH	SPOUSE OF KEY EMPLOYEE	92,208	EMPLOYEE COMPENSATION		No
STEPHANIE SMITH	DAUGHTER OF KEY EMPLOYEE	64,516	EMPLOYEE COMPENSATION		No
TODD FOLKENBERG	Key on PAHS/Board of HSS	2,303,545	HSS IS A VENDOR OF PAHS		No

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

Name of the organization
Portercare Adventist Health System

Employer identification number
84-0438224

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
MISCELLANEOUS				
25 Other ► (EQUIPMENT)	X	1	455,960	FMV
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

No

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

32a

Yes

No

b

If "Yes," describe in Part II

33

If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 51227J

Schedule M (Form 990) 2009

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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Additional Data

Software ID:
Software Version:
EIN: 84-0438224
Name: PorterCare Adventist Health System

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493136032491
SCHEDULE O (Form 990)	Supplemental Information to Form 990 Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.		OMB No 1545-0047
			2009
			Open to Public Inspection
Name of the organization PorterCare Adventist Health System		Employer identification number 84-0438224	

Identifier	Return Reference	Explanation
Executive Committee Composition and Authority	990, Part VI, Q 1a	Pursuant to Article IV of the Bylaw s of PorterCare Adventist Health System, The Board of Trustees may, by resolution or resolutions passed by a majority of the Trustees thereof, appoint an Executive Committee or such other committees for any purpose and delegate to such committees any of the powers and authority of the Board of Trustees as is permitted by law Colorado law precludes a committee of the Board from (i) authorizing distributions, (ii) approving or proposing to the Member actions that Articles 121-137 of Title 7 of the Colorado Revised Statutes require to be approved by the Member, (iii) amending the Corporation's Amended and Restated Articles of Incorporation, (iv) adopting, amending or repealing the Bylaw s, (v) approving a plan of merger not requiring approval of the Member, or (vi) approving a sale, lease, exchange or other disposition of all, or substantially all, of its property, with or without good will, otherwise than in the usual and regular course of business subject to approval of the Member Such committees shall have the power to act only in intervals between meetings of the Board of Trustees and shall at all times be subject to the control of the Board of Trustees The Board of Trustees, or if the Board does not act, the committees, shall establish rules and regulations for meetings and shall meet at such times as are deemed necessary, provided that a reasonable notice of all meetings shall be given to committee members No act of a committee shall be valid unless approved by the vote or written consent of a majority of its members Committees shall keep regular minutes of proceedings and report the same to the Board from time to time as the Board may require

Identifier	Return Reference	Explanation
Family or Business Relationship	990 Part VI - Line 2	During the fiscal year two key employees of PAHS, Cheryl Curry and John Sackett, served on the board of Flatirons Surgery Center Flatirons Surgery Center is a taxable joint venture under PAHS Their service on the board was as representatives of Avista Adventist Hospital and Centura Health Corporation

Identifier	Return Reference	Explanation
Members or Stockholders	990 Part VI Line 6	The sole corporate member of PAHS is Adventist Health System (AHS)

Identifier	Return Reference	Explanation
Electing Directors	990 Part VI Line 7a	The sponsor, AHS, has the power to appoint or remove the members of the governing body

Identifier	Return Reference	Explanation
Governing Powers	990 Part VI Line 7b	The sponsor, AHS, acting through the board of trustees, maintains all rights permitted to be exercised by directors of a Colorado corporation except as limited by the organizations' articles, bylaw s, or affiliation agreement with Catholic Health Initiatives, (CHI) The agreement of both AHSSHC and CHI is required for certain significant decisions involving Centura Facilities

Identifier	Return Reference	Explanation
Process used to review Form 990	Form 990, Part VI, Q 11A	A draft of the Form 990 is provided to management, including the CFO, for review The return is e-mailed to the entire board for review prior to filing After presentation to the board, the tax department files the return with the appropriate federal agencies, making any non-substantive changes necessary to effect e-filing Any such changes are not re-submitted to the board

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING AND ENFORCING THE COI POLICY	Form 990, Part VI, Q 12C	PORTERCARE ADVENTIST HEALTH SYSTEM HAS ADOPTED CENTURA HEALTH'S CONFLICT OF INTEREST POLICY This policy applies to all interested persons defined as management (including the president, executive vice presidents, senior vice presidents, vice presidents, directors, and managers), supply chain management and respiratory therapy associates and board and board committee members of Centura Health (Centura) All interested persons owe a duty of loyalty and fidelity to the organization This duty requires that they exercise the best care, skill and judgment for the benefit of Centura A conflict of interest exists when the interested person and/or his/her immediate relations has a financial or other interest in a matter, which may influence the interested person's judgment when acting and exercising their fiduciary duties on behalf of Centura Centura acknowledges that conflicts of interest may occasionally present themselves and that neither the elimination from the board or management of all persons who might potentially have any such conflict nor the avoidance of all transactions involving a conflict of interest would necessarily serve the best interests of Centura Nonetheless, each interested person should avoid conflicts of interest and refrain from attempting to influence the decisions of management and/or the board on matters in which such interested person has a financial or other interest It is, therefore, the policy of Centura to avoid the participation of any interested person in the consideration of a matter or decision that poses a conflict of interest or the appearance of a conflict of interest, for that interested person Further, it is the policy of Centura that all interested persons be required to disclose any conflicts of interest, or possible conflicts of interest that might potentially affect their judgment in making decisions on behalf of Centura by completing a Conflict of Interest Disclosure Statement ("Disclosure Statement") annually This policy is not intended to inhibit investments or activities unless such investments or activities would be harmful to Centura and/or its affiliates This Policy is intended to supplement but not replace any applicable state laws governing conflicts of interests applicable to nonprofit and charitable organizations 1 CONFLICT OF INTEREST POLICY 1 1 CONSISTENT WITH CENTURA INTEGRITY STANDARDS, IT IS POLICY THAT EACH BOARD OF TRUSTEE MEMBER, CORPORATE OFFICER, AND KEY EMPLOYEE ACT AT ALL TIMES IN A MANNER THAT IS CONSISTENT WITH CENTURA'S MISSION AND VALUES BASED SERVICE TO THE COMMUNITY AND EXERCISE CARE THAT HE OR SHE DOES NOT HAVE ANY PERSONAL INTEREST WHICH MIGHT CONFLICT WITH OR APPEAR TO CONFLICT WITH THE INTEREST OF CENTURA OR WHICH MIGHT INFLUENCE THEIR JUDGMENT OR ACTIONS IN PERFORMING THEIR DUTIES 1 1 1 IN CONNECTION WITH AN ACTUAL OR POSSIBLE TRANSACTION OR ARRANGEMENT INVOLVING CENTURA, ANY BOARD MEMBER, CORPORATE OFFICER, OR KEY EMPLOYEE WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST MUST DISCLOSE AND BE GIVEN THE OPPORTUNITY TO SHARE ALL MATERIAL FACTS WITH THE BOARD CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT 1 1 2 BOARD MEMBERS, CORPORATE OFFICERS, AND KEY EMPLOYEES ARE ALSO REQUIRED TO DISCLOSE ANY POSSIBLE CONFLICTS ON AN ANNUAL BASIS THROUGH THE CONFLICT OF INTEREST QUESTIONNAIRE 2 PROCEDURE FOR DISCLOSING AND REVIEWING TRANSACTION OR ARRANGEMENT CONFLICT OF INTERESTS 2 1 BOARD MEMBERS, CORPORATE OFFICERS, AND KEY EMPLOYEES THAT HAVE A FINANCIAL INTEREST IN ANY ACTUAL OR POSSIBLE TRANSACTION INVOLVING CENTURA ARE REQUIRED TO DISCLOSE THE FINANCIAL INTEREST 2 1 1 IN ORDER TO DETERMINE IF A CONFLICT OF INTEREST EXISTS, THE INDIVIDUAL WHO IS CONSIDERED TO HAVE A FINANCIAL INTEREST MAY MAKE A PRESENTATION AT THE BOARD OR BOARD COMMITTEE MEETING AFTER SUCH PRESENTATION, THE INDIVIDUAL SHALL LEAVE THE MEETING FOR DISCUSSION AND A VOTE ON THE ISSUE 2 1 2 AFTER EXERCISING DUE DILIGENCE, THE BOARD OR BOARD COMMITTEE SHALL DETERMINE WHETHER CENTURA CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION WITH REASONABLE EFFORTS FROM ANOTHER PERSON OR ENTITY IF A MORE ADVANTAGEOUS TRANSACTION IS NOT REASONABLY ATTAINABLE, THE BOARD OR BOARD COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED MEMBERS WHETHER THE TRANSACTION IS IN CENTURA'S BEST INTEREST AND IS FAIR 3 PROCEDURE FOR DISCLOSING AND REVIEWING OTHER CONFLICT OF INTERESTS 3 1 BOARD MEMBERS, CORPORATE OFFICERS, AND KEY EMPLOYEES SHALL ALSO DISCLOSE IN ADVANCE TO CENTURA LEADERS ANY NON-TRANSACTIONAL ACTIONS OR RELATIONSHIPS THAT HAVE THE POTENTIAL TO CREATE A CONFLICT OF INTEREST 3 1 1 THE BOARD OR BOARD COMMITTEE SHALL CAREFULLY REVIEW AND SCRUTINIZE ANY CONFLICT OF INTEREST BY A MAJORITY VOTE OF THE DISINTERESTED MEMBERS, THE BOARD SHALL TAKE WHATEVER ACTION IS DEEMED APPROPRIATE WITH RESPECT TO THE BOARD MEMBER, CORPORATE OFFICER, OR KEY EMPLOYEE UNDER THE CIRCUMSTANCES, INCLUDING POSSIBLE CORRECTIVE ACTION, IN ORDER TO BEST PROTECT THE INTERESTS OF CENTURA 3 1 2 ON AN ANNUAL BASIS, BOARD MEMBERS, CORPORATE OFFICERS, AND KEY EMPLOYEES WILL ALSO BE SENT AN EMAIL REQUESTING THEY COMPLETE THE BOARD MEMBER AND CORPORATE OFFICER CONFLICT OF INTEREST QUESTIONNAIRE BY THE SPECIFIED DUE DATE IN THE EMAIL 3 1 3 THE CORPORATE RESPONSIBILITY DEPARTMENT SHALL NOTIFY THE CHAIRPERSON OF THE BOARD OF ANY POTENTIAL CONFLICTS AND THE CHAIRPERSON, OR DESIGNEE, SHALL PERFORM FURTHER INVESTIGATION AS HE OR SHE DEEMS APPROPRIATE 4 RECORD OF PROCEEDINGS 4 1 THE MINUTES OF THE BOARD AND BOARD COMMITTEE SHALL CONTAIN 4 1 1 THE NAMES OF PERSONS WHO DISCLOSED OR OTHERWISE WERE FOUND TO HAVE A FINANCIAL INTEREST AND THE NATURE OF THE FINANCIAL INTEREST 4 1 2 THE NAMES OF PERSONS WHO WERE PRESENT FOR DISCUSSIONS AND VOTES RELATING TO ANY FINANCIAL INTEREST, THE CONTENT OF THE DISCUSSION, INCLUDING ANY ALTERNATIVES, AND A RECORD OF THE BOARD OR BOARD COMMITTEE DECISION 5 VIOLATIONS OF THE CONFLICTS OF INTEREST POLICY 5 1 IF THE BOARD OR BOARD COMMITTEE HAS REASONABLE CAUSE TO BELIEVE THAT AN INDIVIDUAL HAS FAILED TO DISCLOSE EITHER AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST, OR ALL MATERIAL FACTS SURROUNDING AN ACTUAL OR POSSIBLE CONFLICT, THE INDIVIDUAL WILL BE GIVEN A CHANCE TO EXPLAIN 5 1 1 AFTER HEARING THE RESPONSE, THE BOARD WILL CONDUCT SUCH ADDITIONAL INVESTIGATION AS APPROPRIATE IF THE BOARD DETERMINES THAT THE INDIVIDUAL HAS IN FACT FAILED TO DISCLOSE AS REQUIRED BY THE CONFLICT OF INTEREST POLICY, THE BOARD SHALL TAKE APPROPRIATE DISCIPLINARY OR CORRECTIVE ACTION

Identifier	Return Reference	Explanation
Process for Determining Compensation	990 Part VI Line 15a & 15b	OUTSIDE CONSULTANTS ARE ENGAGED TO PROVIDE RECOMMENDATIONS TO CENTURA'S COMPENSATION COMMITTEE REGARDING THE COMPENSATION OF FACILITY CEOs AND CENTURA SENIOR EXECUTIVES THE CONSULTANT'S RECOMMENDATIONS ARE THEN PRESENTED TO, considered by, AND APPROVED BY THE COMPENSATION COMMITTEE CENTURA'S HUMAN RESOURCES DEPARTMENT PERFORMS ANALYSES OF THE MARKET TO DETERMINE COMPENSATION RANGES FOR THE REMAINDER OF CENTURA ASSOCIATES WHICH ARE REVIEWED AND APPROVED BY CENTURA'S SENIOR LEADERSHIP

Identifier	Return Reference	Explanation
Joint Venture Policy	990 Part VI Line 16	PorterCare Adventist Health System HAS NOT FORMALLY ADOPTED A WRITTEN POLICY OR WRITTEN PROCEDURE REGARDING JOINT VENTURES HOWEVER, ADVENTIST HEALTH SYSTEM'S ("AHS") SYSTEM-WIDE JOINT VENTURING MODEL OPERATING AGREEMENT INCORPORATES CONTROLS OVER THE SYSTEM-SUFFICIENT TO ENSURE THAT (1) THE EXEMPT ORGANIZATIONS AT ALL TIMES RETAINS CONTROL OVER THE VENTURE SUFFICIENT TO ENSURE THAT THE PARTNERSHIP FURTHERS THE EXEMPT PURPOSE OF THE ORGANIZATION, (2) IN ANY PARTNERSHIP IN WHICH THE EXEMPT ORGANIZATION IS A PARTNER, ACHIEVEMENT OF EXEMPT PURPOSES IS PRIORITIZED OVER MAXIMIZATION OF PROFITS FOR THE PARTNERS, (3) THE PARTNERSHIP DOES NOT ENGAGE IN ANY ACTIVITIES THAT WOULD JEOPARDIZE THE EXEMPT ORGANIZATION'S EXEMPTION, (4) RETURNS OF CAPITAL, ALLOCATIONS, AND DISTRIBUTIONS MUST BE MADE IN PROPORTION TO THE PARTNERS' RESPECTIVE OWNERSHIP INTERESTS, AND (5) ALL CONTRACTS ENTERED INTO BY THE PARTNERSHIP WITH THE EXEMPT ORGANIZATION MUST BE AT ARM'S-LENGTH, WITH PRICES SET AT FAIR MARKET VALUE

Identifier	Return Reference	Explanation
Availability of Governing documents, COI Policy, Financial Statements	990, Part VI, Q 19	The organization's governing documents are available on the COLORADO Secretary of State's website The conflict of interest policy AND FINANCIAL STATEMENTS ARE not available to the public

Identifier	Return Reference	Explanation
Estimate of Hours Devoted to Related Organizations	990 Part VII	Three of the four organization's voting board members are employed by Adventist Health System (AHS), a related organization Compensation reported on Form 990, Part VII was paid to the board members by AHS in exchange for the fulfillment of their duties as full-time, 60 hour-per-week employees ADDITIONALLY, COMPENSATION PAID TO EMPLOYEES OF CENTURA HEALTH CORPORATION WAS PAID TO THEM IN EXCHANGE FOR THE FULFILLMENT OF THEIR DUTIES AS FULL TIME, 40+ HOUR-PER-WEEK EMPLOYEES

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Portercare Adventist Health System

Employer identification number
84-0438224

Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
See Additional Data Table					

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
See Additional Data Table											

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
See Additional Data Table							

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

Yes

1p

Yes

1q

Yes

1r

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) RM Adventist Healthcare Foundation - 532-6011	c	613,383
(2) RM Adventist Healthcare Foundation - admin	o	1,614,999
(3) RM Adventist Healthcare Foundation - donated	c	455,960
(4) Adventist Health System	q	5,168,651
(5) RM Adventist Healthcare Foundation	b	458,865
(6) Adventist Health System	p	4,897,017

Schedule R (Form 990) 2009

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
Adventist Bolingbrook Hospital 500 Remington Blvd Bolingbrook, IL60440 65-1219504	Hospital ops	IL	501(c)(3)	3	AHSS
Adventist Care Centers - Courtland Inc 730 Courtland Street Orlando, FL32804 20-5774723	Elderly care	FL	501(c)(3)	9	SHCC
Adventist GlenOaks Hospital 701 Winthrop Avenue Glendale Heights, IL60139 36-3208390	Hospital ops	IL	501(c)(3)	3	AHSS
Adventist Health Mid-America Inc 9100 W 74th Street Shawnee Mission, KS66204 52-1347407	Health care	KS	501(c)(3)	11a	AHSS
Adventist Health Partners Inc 1000 Remington Blvd Ste 200 Bolingbrook, IL60440 36-4138353	Out-patient	IL	501(c)(3)	3	AHSMM
Adventist Health System Affiliated Benef 111 N Orlando Avenue Winter Park, FL32789 26-6422966	Health care	FL	501(c)(3)	11a	AHSSHC
Adventist Health System Sunbelt Healthca 111 N Orlando Avenue Winter Park, FL32789 59-2170012	Mngmt serv	FL	501(c)(3)	11a	NA
Adventist Health SystemGeorgia Inc 1035 Red Bud Road Calhoun, GA30701 58-1425000	Hospital ops	GA	501(c)(3)	3	AHSSHC
Adventist Health SystemSunbelt Inc 111 N Orlando Avenue Winter Park, FL32789 59-1479658	Hospital ops	FL	501(c)(3)	3	AHSSHC
Adventist Health SystemTexas Inc 602 Courtland Street Orlando, FL32804 74-2578952	Inactive	TX	501(c)(3)	9	AHSSHC
Adventist Hinsdale Hospital 120 North Oak Street Hinsdale, IL60521 36-2276984	Hospital ops	IL	501(c)(3)	3	AHSS
AHS Midwest Management Inc 1000 Remington Blvd Ste 200 Bolingbrook, IL60440 36-3354567	Health clinic	IL	501(c)(3)	11a	AHSS
AHSCentral Texas Inc 1301 Wonder World Drive San Marcos, TX78666 74-2621825	Office space	TX	501(c)(3)	11c	AHSSHC
Apopka Health Care Properties Inc 305 E Oak Street Apopka, FL32703 51-0605694	lease	GA	501(c)(3)	11c	SHCC
Battle Creek Adventist Hospital 1000 Remington Blvd Ste 200 Bolingbrook, IL60440 38-1359189	Hospital ops	MI	501(c)(3)	3	AHSS
Beaver Dam Health Care Manor Inc 602 Courtland Street Orlando, FL32804 58-2255884	Inactive	KY	501(c)(3)	9	SCNH
Behavioral Health Resources Inc 111 N Orlando Avenue Winter Park, FL32789 36-4249805	Inactive	TN	501(c)(3)	11b	AHSS
Bolingbrook Hospital Foundation 1000 Remington Blvd Ste 200 Bolingbrook, IL60440 90-0494445	Fundraising	IL	501(c)(3)	7	MHF
Bradford Heights Health & Rehab Center 950 Highpoint Drive Hopkinsville, KY42240 20-5782342	Elderly care	KY	501(c)(3)	9	SHCC
Burleson Nursing & Rehab Center Inc 301 Huguley Blvd Burleson, TX76028 20-5782243	Elderly care	TX	501(c)(3)	9	SHCC
Caldwell Health Care Properties Inc 1333 West Main Princeton, KY42445 51-0605680	Lease	GA	501(c)(3)	11c	SHCC
Central Texas Medical Center Foundation 1301 Wonder World Drive San Marcos, TX78666 74-2259907	Fundraising	TX	501(c)(3)	7	AHSS
Chickasaw Health Care Properties Inc 250 S Chickasaw Trail Orlando, FL32825 51-0605681	Lease	GA	501(c)(3)	11c	SHCC
Chippewa Valley Hospital & Oakview Care 1220 Third Avenue West Durand, WI54736 39-1365168	Hospital ops	WI	501(c)(3)	3	AHSS
Cobb Medical Associates LLC 3949 South Cobb Drive SE Smyrna, GA30080 58-2617089	Physi Practi	GA	501(c)(3)	3	EA
Courtland Health Care Properties Inc 730 Courtland Street Orlando, FL32804 51-0605682	Lease	GA	501(c)(3)	11c	SHCC
Creekwood Place Nursing & Rehab Center 683 E Third Street Russellville, KY42276 20-5782260	Elderly care	KY	501(c)(3)	9	SHCC
Dairy Road Health Care Properties Inc 7350 Dairy Road Zephyrhills, FL33540 51-0605684	lease	GA	501(c)(3)	11c	SHCC
East Orlando Health & Rehab Center Inc 250 S Chickasaw Trail Orlando, FL32825 20-5774748	Elderly care	FL	501(c)(3)	9	SHCC
Emory-Adventist Inc 3949 South Cobb Drive Smyrna, GA30080 58-2171011	Hospital ops	GA	501(c)(3)	3	AHSS

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
Fletcher Hospital Inc 100 Hospital Drive Hendersonville, NC28792 56-0543246	Hospital ops	NC	501(c)(3)	3	AHSSHC
FLNC Inc 3355 E Semoran Blvd Apopka, FL32703 20-5774761	Elderly care	FL	501(c)(3)	9	SHCC
Florida Hospital College of Health Scien 671 Lake Winyah Drive Orlando, FL32803 59-3069793	School ops	FL	501(c)(3)	2	AHSS
Florida Hospital DeLand Auxiliary Inc 701 West Plymouth Avenue Deland, FL32720 59-3425543	Support serv	FL	501(c)(3)	11c	MHWV
Florida Hospital Waterman Inc 1000 Waterman Way Tavares, FL32778 59-3140669	Hospital ops	FL	501(c)(3)	3	AHSSHC
Florida Hospital Wesley Chapel Inc 2528 Bruce B Downs Blvd CR 581 S Wesley Chapel, FL33543 20-3965753	Inactive	FL	501(c)(3)	11c	AHSSHC
Florida Hospital Zephyrhills Inc 7050 Gall Blvd Zephyrhills, FL33541 59-2108057	Hospital ops	FL	501(c)(3)	3	AHSS
Florida Physicians Medical Group Inc 900 Winderley Place Maitland, FL32751 59-3214635	Physi Practi	FL	501(c)(3)	3	AHSS
Foundation for Shawnee Mission Medical C 900 Winderley Place Shawnee Mission, KS66204 48-0868859	Fundraising	KS	501(c)(3)	11a	SMMC
GlenOaks Hospital Foundation 303 E Army Trail d Ste 400 Bloomingtondale, IL60108 36-3926044	Physi Practi	IL	501(c)(3)	7	MHF
Hays Memorial Hospital Association of Se 1301 Wonder World Drive San Marcos, TX78667 74-1362785	Emp Leasing	TX	501(c)(3)	11b	AHSSHC
HealthPlex Management Inc 111 N Orlando Avenue Winter Park, FL32789 62-1289269	Fundraising	TN	501(c)(3)	11a	AHSS
Hinsdale Hospital Foundation 7 Salt Creek Lane Suite 203 Hinsdale, IL60521 52-1466387	Fundraising	IL	501(c)(3)	7	MHF
In-Motion Rehab Inc 602 Courtland Street Ste 200 Orlando, FL32804 20-8023411	Therapy Serv	KS	501(c)(3)	11b	SHCC
Jellico Community Hospital Inc 188 Hospital Lane Jellico, TN37762 62-0924706	Hospital ops	TN	501(c)(3)	3	AHSSHC
La Grange Memorial Hospital Foundation 5101 S Willow Springs Rd La Grange, IL60525 30-0247776	Fundraising	IL	501(c)(3)	7	MHF
Memorial Health Systems Foundation Inc 770 West Granada Blvd Ormond Beach, FL32174 31-1771522	Fundraising	FL	501(c)(3)	7	MHS
Memorial Health Systems Inc 301 Memorial Medical Parkway Daytona Beach, FL32117 59-0973502	Hospital ops	FL	501(c)(3)	3	AHSS
Memorial Hospital - Flagler Inc 60 Memorial Medical Parkway Palm Coast, FL32164 59-2951990	Hospital ops	FL	501(c)(3)	3	MHS
Memorial Hospital - West Volusia Inc 701 West Plymouth Avenue Deland, FL32720 59-3256803	Hospital ops	FL	501(c)(3)	3	AHSSHC
Merriam Health Care Properties Inc 9700 West 62nd Street Merriam, KS66203 36-4595806	Lease	KS	501(c)(3)	11c	SHCC
Metroplex Adventist Hospital Inc 2201 S Clear Creek Road Killeen, TX76549 74-2225672	Hospital ops	TX	501(c)(3)	3	AHSSHC
Metroplex Clinic Physicians Inc 2201 S Clear Creek Road Killeen, TX76549 11-3762050	Physi serv	TX	501(c)(3)	3	MAH
Midwest Health Foundation 120 North Oak Street Hinsdale, IL60521 35-2230515	Support serv	IL	501(c)(3)	11b	NA
Mills Health & Rehab Center Inc 500 Beck Lane Mayfield, KY42066 20-5782320	Elderly care	KY	501(c)(3)	9	SHCC
Mission Strategies Inc 602 Courtland Street Ste 200 Orlando, FL32804 20-5982365	Support serv	KS	501(c)(3)	11b	SHCC
Missouri Adventist Health Inc 9100 W 74th Street Shawnee Mission, KS66204 43-1224729	Support serv	MO	501(c)(3)	11	AHMA
North Regional EMS Inc 188 Hospital Lane Jellico, TN37762 26-2653616	EMS Serv	TN	501(c)(3)	9	JCH
Ormond Beach Memorial Hospital Auxiliary 301 Memorial Medical Parkway Daytona Beach, FL32117 59-1721962	Support serv	FL	501(c)(3)	11c	MHS

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
Overland Park Nursing & Rehab Center In 6501 West 75th Street Overland Park, KS66204 20-5774821	Elderly care	KS	501(c)(3)	9	SHCC
Paragon Health Care Properties Inc 950 Highpoint Drive Hopkinsville, KY42240 51-0605686	lease	GA	501(c)(3)	11c	SHCC
Portercare Adventist Health System 2525 S Downing Street Denver, CO80210 84-0438224	Hospital ops	CO	501(c)(3)	3	AHSSHC
Portland Nursing & Rehab Center Inc 215 Highland Circle Drive Portland, TN37148 20-5774842	Elderly care	TN	501(c)(3)	9	SHCC
Princeton Health & Rehab Center Inc 1333 West Main Princeton, KY42445 20-5782272	Elderly care	KY	501(c)(3)	9	SHCC
Princeton Professional Services Inc 601 E Rollins Street Orlando, FL32803 59-1191045	healthcare	FL	501(c)(3)	9	AHSSHC
Quality Circle for Healthcare Inc 111 N Orlando Avenue Winter Park, FL32789 26-3789368	healthcare	FL	501(c)(3)	11c	AHSSHC
Resource Personnel Inc 602 Courtland Street Ste 200 Orlando, FL32804 20-8040875	adm n supp	FL	501(c)(3)	11b	SHCC
Rocky Mountain Adventist Healthcare Foun 2525 South Downing Street Denver, CO80210 84-0745018	Fundraising	CO	501(c)(3)	7	PAHS
Rollins Bedford Corporation 602 Courtland Street Ste 200 Orlando, FL32804 37-0908840	Inactive	FL	501(c)(3)	11b	SHCC
Russellville Health Care Properties Inc 683 East Third Street Russellville, KY42276 51-0605691	Lease	GA	501(c)(3)	11c	SHCC
San Marcos Health Care Properties Inc 1900 Medical Parkway San Marcos, TX78666 51-0605693	Lease	GA	501(c)(3)	11c	SHCC
San Marcos Nursing & Rehab Center Inc 1900 Medical Parkway San Marcos, TX78666 20-5782224	Elderly care	TX	501(c)(3)	9	SHCC
Shawnee Mission Health Care Inc 6501 West 75th Street Overland Park, KS66204 48-0952508	lease	KS	501(c)(3)	11c	SHCC
Shawnee Mission Medical Center Inc 9100 W 74th Street Shawnee Mission, KS66204 48-0637331	Hospital ops	KS	501(c)(3)	3	AHMA
South Central Nursing Homes Properties 111 N Orlando Avenue Winter Park, FL32789 59-3686109	Mgmt Supp	GA	501(c)(3)	11	SC
South Central Nursing Homes Inc 602 Courtland Street Orlando, FL32804 61-1242373	Mgmt Supp	KY	501(c)(3)	11	SC
South Central Properties III Inc 111 N Orlando Avenue Winter Park, FL32789 59-3692860	Real Estate	GA	501(c)(2)	N/A	SCNHP
South Central Properties IV Inc 111 N Orlando Avenue Winter Park, FL32789 59-3692862	Real Estate	GA	501(c)(2)	N/A	SCNHP
South Central Properties VI Inc 111 N Orlando Avenue Winter Park, FL32789 59-3692857	Real Estate	GA	501(c)(2)	N/A	SCNHP
South Central Properties Inc 111 N Orlando Avenue Winter Park, FL32789 59-3651692	Real Estate	GA	501(c)(2)	N/A	SCNHP
South Central Inc 602 Courtland Street Orlando, FL32804 59-3689740	Mgmt Supp	GA	501(c)(3)	11c	NA
South Pasco Health Care Properties Inc 38250 A Avenue Zephyrhills, FL33542 51-0605679	Lease	GA	501(c)(3)	11c	SHCC
Southwest Volusia Health Services Inc 1055 Saxon Blvd Orange City, FL32763 59-3281591	Med Off Bldg	FL	501(c)(3)	11a	SVHC
Southwest Volusia Healthcare Corporation 1055 Saxon Blvd Orange City, FL32763 59-3149293	Hospital ops	FL	501(c)(3)	3	AHSS
Specialty Physicians of Central Texas I 1301 Wonder World Drive San Marcos, TX78666 20-8814408	Physi serv	TX	501(c)(3)	3	AHSS
Spring View Health & Rehab Center Inc 718 Goodwin Lane Leitchfield, KY42754 20-5782288	Elderly care	KY	501(c)(3)	9	SHCC
Sunbelt Health & Rehab Center - Apopka 305 East Oak Street Apopka, FL32703 20-5774856	Elderly care	FL	501(c)(3)	9	SHCC
Sunbelt Health Care Centers Inc 602 Courtland Street Ste 200 Orlando, FL32804 58-1473135	Mgmt Serv	TN	501(c)(3)	11b	AHSSHC
SunSystem Development Corporation 111 N Orlando Avenue Winter Park, FL32789 59-2219301	Fundraising	FL	501(c)(3)	7	AHSSHC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
Tarrant County Health Care Properties I 301 Huguley Blvd Burleson, TX76028 51-0605677	lease	GA	501(c)(3)	11c	SHCC
Taylor Creek Health Care Properties Inc 718 Goodwin Lane Leitchfield, KY42754 51-0605678	lease	GA	501(c)(3)	11c	SHCC
The Volunteer Auxiliary of Florida Hospi 60 Memorial Medical Parkway Palm Coast, FL32164 59-2486582	Support serv	FL	501(c)(3)	11c	MHF
Trinity Nursing & Rehab Center Inc 9700 West 62nd Street Merriam, KS66203 20-5774890	Elderly care	KS	501(c)(3)	9	SHCC
West Kentucky Health Care Properties In 500 Beck Lane Mayfield, KY42066 51-0605676	lease	GA	501(c)(3)	11c	SHCC
Zephyr Haven Health & Rehab Center Inc 38250 A Avenue Zephyrhills, FL33542 20-5774930	Elderly care	FL	501(c)(3)	9	SHCC
Zephyrhills Health & Rehab Center Inc 7350 Dairy Road Zephyrhills, FL33540 20-5774967	Elderly care	FL	501(c)(3)	9	SHCC

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?	
							Yes	No		Yes	No
Appalachian Therapy Services LLC 100 Hospital Drive Hendersonville, NC28792 20-2463851	Therapy staff	NC	FH INC								
Clear Creek MOB Ltd 2201 S Clear Creek Rd Killeen, TX76549 74-2609195	Real Estate	TX	CC MOB INC								
Florida Hospital DMERT LLC 2450 Maitland Center Pkwy Ste 200 Maitland, FL32751 20-2392253	Med Equipment	FL	PPS Inc								
Florida Hospital Home Infusion 2450 Maitland Center Pkwy Ste 200 Maitland, FL32751 59-3142824	home infusion	FL	PPS FHW Inc								
Florida Hospital Imaging LLC 840 Crescent Center Dr Ste 200 Franklin, TN37067 20-4281655	Imaging & tes	TN	MHS Inc								
Florida Radiology Imaging at Lake Mary 875 Concourse Parkway Suite 150 Maitland, FL32751 55-0789387	Imaging & tes	FL	NAHS Inc								
Plainfield Area Primary Care Physicians 911 N Elm Street Ste 215 Hinsdale, IL60521 32-0182318	Medical servi	IL	AHH								
San Marcos MRI LP 1330 Wonder World Drive Ste 202 San Marcos, TX78666 77-0597972	Imaging & tes	TX	AHSSunbelt								
Shawnee Mission Open MRI LLC 9100 W 74th Street Box 2923 Shawnee Misison, KS66201 27-0011796	Imaging & tes	KS	SMMC Inc								
Shawnee Mission Pain Center LLC 9100 W 74th Street Shawnee Misison, KS66204 20-8642766	Pain mgt serv	KS	SMMC Inc								
Shawnee Mission Prairie Star Surgery Cen 23401 Prairie Star Parkway Lenexa, KS66227 36-4634843	Surgical cent	KS	SMMC Inc								
Shawnee Mission Regional Cardiac & Vascu PO Box 2923 Shawnee Misison, KS66201 48-1243913	Healthcare mg	KS	SMMC Inc								
Shawnee Mission Surgery Center LLC PO Box 2923 Shawnee Misison, KS66201 48-1243914	Surgical serv	KS	SMMC Inc								
Skyland MRI LLC 100 Hospital Drive Hendersonville, NC28792 04-3646559	Imaging & tes	NC	FH Inc								
Surgical Center Associates LTD 1000 South Orlando Avenue Winter Park, FL32789 62-1600422	Medical servi	FL	AHSSunbelt								

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
Adventist Health System Capital Trust I 111 N Orlando Avenue Winter Park, FL32789 58-6352241	Bond Inv	FL	AHSSHC	TRUST			
Adventist Health Sys Sunbelt Healthcare 111 N Orlando Avenue Winter Park, FL32789 58-1318939	Admin of SIBP	FL	AHSSHC	TRUST			
AHS Services Inc 11801 South Freeway Fort Worth, TX76028 75-2049583	Med Equip	TX	AHSS Inc	C CORP			
Apopka Medical Plaza Condominium Associa 601 East Rollins Street Orlando, FL32803 59-3000857	Condo Assoc	FL	AHSS Inc	C CORP			
Altamonte Medical Plaza Condominium Asso 601 East Rollins Street Orlando, FL32803 59-2855792	Condo Assoc	FL	AHSS Inc	C CORP			
Arapahoe Medical Building I Inc (630 2525 S Downing Street Denver, CO80210 84-1574506	RE Leasing	CO	PAHS	C CORP	12,232	320,755	100 000 %
Arapahoe Medical Building II Inc (630 2525 S Downing Street Denver, CO80210 84-1574507	RE Leasing	CO	PAHS	C CORP	12,258	268,314	100 000 %
CC MOB Inc 2201 S Clear Creek Road Killeen, TX76549 74-2616875	RE Leasing	TX	MAH Inc	C CORP			
Central Texas Medical Associates 1301 Wonder World Drive San Marcos, TX78666 74-2729873	Physician cli	TX	AHSS Inc	C CORP			
Central Texas Provider's Network 1301 Wonder World Drive San Marcos, TX78666 74-2827652	Physi Hosp Or	TX	AHSS Inc	C CORP			
Florida Hospital Flagler Medical Office 60 Memorial Medical Parkway Palm Coast, FL32164 26-2158309	Condo Assoc	FL	MHF Inc	C CORP			
Florida Hospital Healthcare System Inc 602 Courtland Street Orlando, FL32804 59-3215680	PHO/TPA	FL	AHSS Inc	C CORP			
Florida Medical Plaza Condo Association 601 East Rollins Street Orlando, FL32803 59-2855791	Condo Assoc	FL	AHSS Inc	C CORP			
Florida Memorial Health Network Inc 770 W Granada Blvd Ste 317 Ormond Beach, FL32174 59-3403558	Physi Hosp Or	FL	MHS Inc	C CORP			
Greeneville Hospital Inc 111 N Orlando Avenue Winter Park, FL32789 62-0219770	Inactive	TN	AHSS Inc	C CORP			
Harvard Park East Inc 2525 S Downing Street Denver, CO80210 84-1574365	RE Leasing	CO	PAHS	C CORP	11,740	5,298	100 000 %
HealthPlex Ventures Inc 111 N Orlando Avenue Winter Park, FL32789 62-1289270	Inactive	TN	AHSS Inc	C CORP			
Huguley Alliance Foundation 11801 South Freeway Fort Worth, TX76115 75-2642209	Inactive	TX	AHSS Inc	C CORP			
Huguley Medical Associates Inc 11801 South Freeway Burleson, TX76028 75-2547668	Physician cli	TX	AHSS Inc	C CORP			
Metroplex Adventist Hospital CRNA 2201 S Clear Creek Road Killeen, TX76549 26-0760794	Support Hosp	TX	MAH Inc	C CORP			
Midwest Management Services Inc 9100 West 74th Street Shawnee Mission, KS66204 48-0901551	RE Rental	KS	AHMA Inc	C CORP			
North American Health Services Inc & S 111 N Orlando Avenue Winter Park, FL32789 62-1041820	Lessor co	TN	AHSSHC	C CORP			
Ormond Professional Condo Association (4 770 W Granada Blvd Ste 101 Ormond Beach, FL32174 59-2694434	Condo Assoc	FL	MHS Inc	C CORP			
Park Ridge Property Owner's Association 1 Park Place Naples Road Fletcher, NC28732 03-0380531	Condo Assoc	NC	FH Inc	C CORP			
Porter Affiliated Hlth Services Inc db 2525 S Downing Street Denver, CO80210 84-0956175	Healthcare	CO	PAHS	C CORP	0	0	100 000 %
Porter Medical Plaza Inc (630 Year En 2525 S Downing Street Denver, CO80210 84-1574369	RE Leasing	CO	PAHS	C CORP	11,383	27,582	100 000 %
San Marcos Regional MRI Inc 1301 Wonder World Drive San Marcos, TX78666 77-0597968	Holding co	TX	AHSS Inc	C CORP			
The Garden Retirement Community Inc 602 Courtland Street Ste 200 Orlando, FL32804 59-3414055	RE Rental	FL	SHCC Inc	C CORP			

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization					(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1)	RM Adventist Healthcare Foundation -	532-6011			c	613,383
(2)	RM Adventist Healthcare Foundation - admin				o	1,614,999
(3)	RM Adventist Healthcare Foundation - donated				c	455,960
(4)	Adventist Health System				q	5,168,651
(5)	RM Adventist Healthcare Foundation				b	458,865
(6)	Adventist Health System				p	4,897,017

Additional Data

Software ID:

Software Version:

EIN: 84-0438224

Name: PorterCare Adventist Health System

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Robert Henderschedt Board Member	10	X							2,289,615	124,258
Terry Shaw Asst Treasurer & Asst Secretar	10	X		X					1,464,036	208,179
Richard Reiner Vice President & Chairman	10	X		X					4,868,860	210,528
JAMES BAUER BOARD MEMBER	10	X						0		0
ROSCOE HOWARD BOARD MEMBER	10	X						0	0	
Gary Campbell CEO/President	10			X				0	0	
Randy Haffner CEO -Porter Hospital	400			X				630,556		19,863
Randy Safady EVP Chief Finance Officer	10			X				0	0	
John Sackett CEO -Avista Adventist Hospital	400				X			683,206		89,030
Karsten Randolph CFO - LAH	400				X			281,500		46,044
Kenneth Bacon CEO - LAH	400				X			545,106		127,039
Steven Chen CFO - PAH	400				X			304,797		42,458
Terry Forde CEO -Parker Adventist Hospital	400				X			472,969		84,896
Michael Goebel COO - LAH	400				X			305,720		42,873
Michael Blair VP Finance-Rocky Mtn Group	400				X			281,339		30,959
James Boyle SR VICE PRESIDENT	400				X			718,033		105,128
Cheryl Curry CFO - Avista Adventist Hospita	400				X			251,939		35,675
Andrew Gaasch CFO - Parker Adventist Hospita	400				X			213,642		34,144
David Smith VP OPS - Avista Adventist Hosp	400				X			230,467		20,349
Todd Folkenberg COO -Porter Adventist Hospital	400				X			45,762		6,031
John Prall Physician	400					X		1,614,311		28,636
David VanSickle Physician	400					X		955,835		35,844
David Schrier Physician	400					X		779,618		36,367
Bernard Guiot Physician	400					X		770,546		33,352
Thomas Kenney Physician	400					X		654,094		25,640

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Patient Services	900,099	711,275,447	711,275,447		
Equity changes of unconsolidated orgs	900,099	1,437,691	1,755,514	-317,823	
Rental Income	900,099	1,762,990	1,762,990		
Research Revenue	900,099	338,885		338,885	
Education	611,710	36,383	36,383		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Dues & subscriptions	943,208	754,566	188,642	
Repairs and maintenance	10,155,286	8,120,726	2,034,560	
Purchased Servcies	44,440,814	35,552,522	8,888,292	
Bad debts	35,590,469	28,472,375	7,118,094	
Income/sales/property taxes	866,186	689,315	176,871	